

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* INC.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/					51					
2	/		/				52					
3	/		/				53					
4	3		/				54					
5	(1)		/				55					
6	(1)		/				56					
7	(1)		/				57					
8	(1)		/				58					
9	(1)		/				59					
10	3		/				60					
11	(1)		/				61					
12	/	/					62					
13	/		/				63					
14	/		/				64					
15	2		/				65					
16	(1)		/				66					
17	(1)		/				67					
18	/	/					68					
19							69					
20							70					
21							71					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		3				TOTAL IND.					
TOTAL DEP.	20	↓	15	↓		↓	TOTAL DEP.					
TOTAL CLAIMS	23		18				TOTAL CLAIMS					